PATENT APPI

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:) MAKOTO OGURA

Examiner: T. Sember

Application No.: 09/342,255

Group Art Unit: 2875

Filed: June 29, 1999

For: LIGHT CONDUCTIVE MEMBER, ILLUMINATING DEVICE

HAVING THE SAME, AND INFORMATION PROCESSING APPARATUS HAVING THE

ILLUMINATING DEVICE

March 26, 2001

Commissioner for Patents Washington, D.C.

AMENDMENT AND PETITION FOR EXTENSION OF TIME

Sir:

Applicant petitions to extend the time for response to the Office Action dated September 26, 2000 to March 26, 2001. A check in the amount of \$890.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension, and credit any overpayment, to Deposit Account

03/30/2001 HNDOR1 00000033 09342255

01 FC:117

890.00 DP

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. March 26, 2001 20231 on

(Date of Deposit)

Leonard P. Diana (Reg. No. 29296)

Name of Attorney for Applicant)

Signature

March 26, 2001 Date of Signature

MAR 2 9 2001

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MAKOTO OGURA

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ILLUMINATING DEVICE

Date: March 26, 2001

THE COMMISSIONER FOR PATENTS Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment And Petition For Extension Of Time in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 15	MINUS	** 20	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 1	MINUS	*** 3	0	x \$40 \$80	0
Fee for Multiple Dependent claims \$135/\$270						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				0		

^{*} If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

Verified	Statement	claiming	small	entity	status	is	enclosed,	if	not
filed pro	eviously.								

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
Х	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
х	A check in the amount of $\$890.00$ to cover the fee for a <u>three</u> -month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
х	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant

Registration No. _

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

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